

Other Health Programs

| Program | Services | Who Can Receive Services | Income or Property Limits | Other Insurances Allowed | Costs | Citizenship or Satisfactory Immigration | Contact Information |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|---------------------|
| Access for Infants and Mothers (AIM) | Prenatal visits and hospital delivery Full health care services during pregnancy and 60 days postpartum | Pregnant women who are not more than 30 weeks pregnant (approx. 7 months) at the time of application | Between 200% and 300% of the Federal Income Guidelines (FIG) No property or resource limit | Yes, If... the insurance does not cover pregnancy OR there is a high maternity deductible of more than \$500 | 1.5% of the family's gross income | No Note: Need to be a California resident for at least 6 months | 800-433-2611 |
| Adolescent Family Life Program | Case management services and referral services | Pregnant and parenting teens Females up to age 20 and males up to age 21 | No Note: can not have Public Assistance or TANF | Yes | None | No | 916-650-0285 |
| Baby Cal | Helps educate women and their families about the importance of prenatal care, practicing healthy behaviors during pregnancy, and the availability of State programs that can help pay for prenatal care services | Public information available to anyone | N/A | N/A | N/A | N/A | 800-BABY-999 |

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| Black Infant Health Program | Family support services and resources for early health care intervention | African-American infants and families | None | Yes | None | No | 916-657-3647 |
| California Children Services (CCS) Program | Diagnosis and treatment of CCS eligible conditions at CCS approved facilities Provides medically necessary care and case management | Children under age 21 who have CCS eligible conditions | Adjusted gross income less than \$40,000 AND Out-of-pocket expenses that are expected to be more than 20% of family income No property or resource limit | Yes | Enrollment fee is based on family size and income | No | Contact the county DHS Children Services branch for more information and to apply |
| California Kids | Preventive services | Undocumented children ages 2 to 19 CAN NOT be eligible for no-cost Medi-Cal or Healthy Families | Between 0% and 250% of the FIG No property or resource limits | Yes, if ... CCS (California Children's Services) OR Have private insurance where the deductible is \$2,000 or more | Premium payment of \$15/month per child, \$45/month for 3 or more children \$5-\$10 co-payment for some services | For undocumented children only | Call 818-755-9700 for more information or for applications Not available in all counties |

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| California School Health Centers | Immunizations Health education Case management Prescription drugs Referral to a specialist Treatment for minor injuries, illness and substance abuse | Children attending a school that offers this program Other children or parents in the family | None | Yes | None | No | Call the child's school to see if the school has a health center |
| Child Care and Development Program | Develops and funds child care centers and homes Resource and referral services for available child care for all members of the community | Children from birth to age 13 | Low income families who are working and receiving public assistance | N/A | May be a cost for this program | No | 916-322-6233 |
| Child Health and Disability Prevention Program (CHDP) | Periodic preventive health screening and immunizations Preventive dental care Based on an age schedule | Children under age 19 who ARE NOT enrolled in no-cost Medi-Cal and Healthy Families Children enrolled in Head Start or State Preschool Programs | Family income at or below 200% of the Federal Income Guidelines There are no resource limits | Children covered by Medi-Cal and Healthy Families are eligible to receive CHDP services | None | None | CHDP provider OR contact County DHS |

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| Comprehensive Perinatal Services Program (CPSP) | Coordinates care in nutritional, health education and psychosocial services Provides prenatal vitamin/mineral supplements | Medi-Cal eligible pregnant and postpartum women (from conception through 60 days postpartum) | No resource limits Medi-Cal eligible | N/A | None | No | Contact the local county Department of Social Services for more information Ask your Medi-Cal provider for referrals |
| Family P.A.C.T (Family Planning) | Provides family planning services, education, counseling, and treatment to low-income men and women | Must not have insurance that covers family planning or need family planning services kept confidential | California resident at or below 200% of the Federal Income Guidelines | May have Share-of-Cost Medi-Cal | None | No | 800-942-1054 for a local Family PACT provider |
| Head Start | Comprehensive child development program which serves children from birth to age 5, pregnant women and their families Provides educational, social, medical, dental, nutrition, early child development, and mental health services | Low-income children from birth to entry into elementary school and their families | Low-income | N/A | Yes | No | 818-461-1400 for more information or for applications |

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| Healthy Families | Provides medical, dental and vision services Provides educational, social, medical, dental, nutrition, early child development, and mental health services | Children under age 19 who are NOT eligible for no-cost Medi-Cal Children who did not have employer sponsored insurance within the last 30 days | Families under the 250% FIG and who are NOT eligible for no-cost Medi-Cal | No employer sponsored insurance with some exceptions. | Monthly premium (\$4-\$9 per child with max of \$27) AND \$5 co-payment for some services | Yes | 888-747-1222 or www.healthyfamilies.ca.org |
| Healthy Start | Health, social, and academic services provided through schools and their collaborating partners to support the learning environment of children | Children and families | None | Yes | None | No | Contact the children's school for more information |
| Kaiser Permanente Child Health Plan | Comprehensive medical (inpatient and outpatient), dental, vision, mental health and substance abuse services | Uninsured children ages birth to 19 | Families between the 0% and 300% of the FIG Resource limit does not count | Not be eligible for no-cost Medi-Cal or Healthy Families. No employer sponsored health insurance | Month premium of \$8 or \$15 per child to a max of \$24 to \$45 per family \$5 co-payment for some services \$35 co-payment for ER | No | 800-255-5053 |

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| Major Risk Medical Insurance Program | Hospitalization Pregnancy and Maternity Care Emergency Health Care Mental Health Services Skilled Nursing Facilities Ambulance Physical/ Occupational/ Speech Therapy | For those individuals unable to obtain any public or private health coverage due to pre-existing conditions Must be a California resident | None | No | Yes Call the specific program for more details | No | 1-800-289-6574 for more information |
| Maternal and Child Health | Information and referrals regarding access to prenatal care | Public information available to anyone | None | No | No | N/A | |
| Medi-Cal for Adults | Primary and specialty care Health, dental, vision, and mental health services Hospitalization Prescription drugs | Persons who are: Age 65 or older Pregnant woman Legally blind or disabled Or have: Breast or Cervical Cancer Tuberculosis | Under the 100% FIG for no-cost Medi-Cal Some resources are counted | Yes | May be a cost depending on the family size and income | Yes, for full coverage Emergency or Restricted Medi-Cal is available to those without documentation | Apply at the local County Department of Social Services |

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| Medi-Cal for Children | Primary and specialty care Health, dental, vision, and mental health services Hospitalization Prescription drugs | Children under age 21 | Ages 0-1 under the 200% FIG Ages 1-5 at or below 133% of the FIG Ages 6 and up at or below 100% of the FIG No property limits | Yes | No, if under the income guidelines Families exceeding the income guidelines may be eligible for Healthy Families or may have a Share-of-Cost | Yes, for full-scope no-cost Medi-Cal Restricted (or Emergency) Medi-Cal is available to undocumented children | 1-800-289 - 6574 for more information |
| Medi-Cal for Families (1931B) | Primary and specialty care Health, dental, vision, and mental health services Hospitalization Prescription drugs | Parents or caretakers Children under age 21 | At or below 100% of the FIG | Yes | No | Yes | Apply at the local County Department of Social Services |
| Pac Advantage | Affordable insurance packages for small business employers for health, dental, vision and chiropractic/acupuncture care | Small businesses with 2-50 regular full-time employees (working at least 30 hours/week) | N/A | Can not be offered with another health plan, with some exceptions | Employers and employees pay the costs | No | 877-472-2238 OR http://www.pacadvantage.org |

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| Partnership for Responsible Parenting | <p>Connect teens and adults with community organizations and resources on pregnancy prevention</p> <p>Education and media campaigns to promote pregnancy prevention</p> <p>Focuses on abstinence, male responsibility and mentoring for at-risk youths</p> | Teenagers | N/A | N/A | N/A | N/A | <p>888-862-8431 (English)</p> <p>888-UNA-VIDA (Spanish)</p> |
| Women, Infants, and Children (WIC) | <p>Specific supplemental nutritious food and nutrition education</p> <p>Medical referrals</p> <p>Information about breastfeeding</p> | <p>Low-income women who are pregnant or breastfeeding</p> <p>Postpartum women</p> <p>Children under age 5 who have a nutritional risk</p> | <p>Income is at or below 185% of the FIG</p> <p>Under 200% of the FIG if enrolled in no-cost Medi-Cal</p> <p>No property limits</p> | Yes | None | No | 888-WIC-WORKS (1-888-942-9675) |

NOTE: Must be able to prove residency in the State of California to be eligible for the programs listed in this table.

County Children's Health Initiative

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| Alameda County – Alliance Family Care Program | Health, dental, vision, mental health and prescription benefits | Uninsured children birth to 19 Residents of Alameda County | Between 0% and 300% of the FIG Property limit does not count | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$10/child Co-pay for some services except preventive care | No | 887-371-2222 |
| Los Angeles County – Healthy Kids | Health, dental, vision, mental health and prescription benefits | Uninsured children birth to 19 Residents of Los Angeles County | Between 0% and 300% of the FIG Property limit does not count | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$0/child less than 133% FIG; \$4/child 133% to 150% FIG; \$6/child 151% to 300% FIG Monthly premium counts for first two children only \$5 co-pay for some services | No | 888-452-5437 |
| Riverside County – Healthy Kids | Health, dental, vision, and prescription benefits | Uninsured children birth to 19 Residents of Riverside County | Between 0% and 250% of the FIG Property limit does not count | Must not be eligible for no-cost Medi-Cal or Healthy Families | No monthly premium 5\$ to \$20 enrollment fee per family \$5 to \$10 co-pay for some services | No | 866-294-IEHP (4347) |

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| San Bernardino County – Healthy Kids | Health, dental, vision, and prescription benefits | Uninsured children birth to 19 Residents of San Bernardino County | Between 0% and 300% of the FIG Property limit does not count | Must not be eligible for no-cost Medi-Cal or Healthy Families | No monthly premium \$20 enrollment fee per family \$5 to \$10 copay for some services | No | 866-294-IEHP (4347) |
| San Francisco County - Healthy Kids | Health, dental, vision, mental health and prescription benefits | Uninsured children birth to 19 Residents of San Francisco County | Between 0% and 300 % of the FIG Property limit does not count | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$4/child \$5 co-pay for some services | No | 415-777-9992 |
| San Joaquin County – Healthy Kids | Health, dental, vision, mental health and prescription benefits | Uninsured children birth to 19 Residents of San Joaquin County | Between 0% and 300 % of the FIG | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$5/child \$10 co-pay for office visits \$20 co-pay for ER | No | 888-936-PLAN (7526) Or 209-942-6320 |
| Santa Cruz County – Healthy Kids | Health, dental, vision and prescription benefits | Uninsured children birth to 19 Residents of Santa Cruz County | Between 0% and 300% of the FIG | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$4 to \$7 per child \$5 co-pay for some services | No | In Santa Cruz: 831-454-2515 In Watsonville: 831-763-8568 |

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| San Mateo County – Healthy Kids | Health, dental, vision, mental health and prescription benefits | Uninsured children birth to 19 Residents of San Mateo County | Between 0% and 400 % of the FIG | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$4/child up to 150% FIG; \$6/ child 150% to 250% FIG; \$12/ child 250% to 300% FIG; and \$20/ child 300% to 400% FIG \$5 co-pay for some services | No | 650-573-3595 |
| Santa Clara County – Health Kids | Health, dental, vision, mental health and prescription benefits | Uninsured children birth to 19 Residents of Santa Clara County | Between 0% and 300 % of the FIG | Must not be eligible for no-cost Medi-Cal or Healthy Families | Monthly premium of \$4 to \$6 per child to a max of \$12 to \$18 per family Pay 3 months and get 1 month free Co-pay for some services | No | 888-244-5222 |